

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/004 530
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51				/		
2							52				/		
3							53				/		
4							54				/		
5							55				/		
6							56				/		
7							57				/		
8							58			/	/		
9							59				/		
10							60				/		
11							61				/		
12							62				/		
13							63				/		
14							64				/		
15							65				/		
16							66				/		
17							67			/	/		
18							68				/		
19							69				/		
20							70				/		
21							71				/		
22							72				/		
23							73				/		
24							74				/		
25							75				/		
26							76				/		
27							77				/		
28							78				/		
29							79				/		
30							80				/		
31							81			/	/		
32							82				/		
33							83				/		
34							84				/		
35							85				/		
36							86				/		
37							87				/		
38							88				/		
39							89				/		
40							90				/		
41							91				/		
42							92				/		
43							93				/		
44							94				/		
45							95				/		
46							96				/		
47							97				/		
48							98				/		
49							99				/		
50							100				/		
TOTAL IND.							TOTAL IND.			7			
TOTAL DEP.							TOTAL DEP.			74			
TOTAL CLAIMS							TOTAL CLAIMS			81			